

858

PLACE OF DEATH

County Maricopa
 District Glendale
 Town Glendale
 Or City Glendale

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 148

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1532
 Local Registrar's No. 63

No. _____ St. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Sara Leone

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White SINGLE X
 Married X
 WIDOWED X
 or DIVORCED X
 DATE OF BIRTH May 22 1883
 (Month) (Day) (Year)
 AGE 33 yrs 1 mos 17 days If less than 1 day _____
 hrs., or _____ min.
 OCCUPATION Housewife
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country)

Ariz.

NAME OF FATHER

Victoriano Palacios

BIRTHPLACE OF FATHER (State or country)

Mex.

MAIDEN NAME OF MOTHER

Refugio Jimenez

BIRTHPLACE OF MOTHER (State or country)

Mex.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George Limon

(Address)

Glendale

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL

John DriscollJuly 23 1916

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 27 1916
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 1
1916 to July 27 1916; that I last saw her alive
 on July 21 1916, and that death occurred on the date
 stated above at 14 M. The DISEASE or INJURY causing
 Death was as follows:

Pulmonary Tuberculosis

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) _____ yrs. _____ mos. _____ days

(Signed)

Wm. R. BrockmanJuly 22 1916 (Address) Phoenix

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY,
 and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE

At place of death 10 yrs. _____ mos. _____ ds. In Arizona 33 yrs. _____ mos. _____ ds.

Former or Usual Residence

Yuma Ariz.

Filed

July 22 1916W. P. Galtman

Local Registrar

Filed

Aug. 8 1916B. M. McElroy

County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.